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Office

Use Only 1

## REPORT OF RECEIPTS ND DISBURSEMENTS

For An Authorized Committee

SECRET, RY OF THE SENATE 14 DEC 22 PH 2: 19

Office Use Only

FEC FORM 3 (Revised 02/2003)

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4	MANAE OE		T۷

TYPE OR PRINT ▼

Example: If typing, type

12FE4M5

COMMITTEE (in full)	over the lines.					
$C_1U_1R_1T_1$ $_1G_1O_1T_1T_1S_1H_1A_1L_1$ $_1C_1$	: A,M,P,A,I,G,N,					
ADDRESS (number and street)	EAST FLINT SIT	1 1 1 1 1 1 1				
▼ V Check if different						
A	1, I, E, , , , , , , , , , , , , , , , ,	W1Y 8121	0,7,2-			
P. FEC IDENTIFICATION NUMBER ▼	CITY A	STATE A	ZIP CODE A			
C.0.0.56.6.919	3. IS THIS X NEW	AMENDED	STATE ▼ DISTRICT			
C(0,0,5,0,6,9,1,9	3. IS THIS X NEW (N) OR	(A)	WY L			
1. TYPE OF REPORT (Choose One)	(b) 12-Day PRE-Election Report for the:					
(a) Quarterly Reports:	Primary (12P)	General (12G)	Runoff (12R)			
April 15 Quarterly Report (Q1)	Convention (12C)	Special (12S)				
July 15 Quarterly Report (Q2)	, M M / D	* <b>Y</b> * <b>Y</b> *	in the			
October 15 Quarterly Report (Q3)	Election on		State of			
January 31 Year-End Report (YE)	(c) 30-Day <b>POST</b> -Election Report for the	e:				
	X General (30G)	Runoff (30R)	Special (30S)			
Termination Report (TER)	Election on The Control of the Contr	1 2014	in the State of			
5. Covering Period 10 16 2014 through 12 03 2014						
Coertify that I have examined this Report and the Type or Print Name of Treasurer ${\cal CURT}$	to the best of my knowledge and belief it is  GOTSHALL	true, correct and con	nplete.			
		, 2 r	D D / Y Y Y Y			
Signature of Treasurer Curt Co	thall	Date				
NOTE: Submission of false, erroneous, or incompl	ete information may subject the person signing	g this Report to the per	nalties of 52 U.S.C. §30109.			